



## Complete Summary

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### TITLE

Ambulatory surgery: percentage of Ambulatory Surgery Center (ASC) admissions requiring a hospital transfer or hospital admission upon discharge from the ASC.

### SOURCE(S)

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of Ambulatory Surgery Center (ASC) admissions requiring a hospital transfer or hospital admission upon discharge from the ASC.

### RATIONALE

The need for transfer/admission is an unanticipated outcome and could be the result of insufficient rigor in patient or procedure selection. Hospital transfers/admissions can result in unplanned cost and time burdens that must be borne by patients and payors.

Selected states have expressed an interest in the public reporting of such events. While hospital transfers and admissions undoubtedly represent good patient care when necessary, high rates may be an indicator that practice patterns or patient selection guidelines are in need of review.

**PRIMARY CLINICAL COMPONENT**

Ambulatory Surgery Center (ASC); hospital transfer/admission

**DENOMINATOR DESCRIPTION**

All Ambulatory Surgery Center (ASC) admissions

**NUMERATOR DESCRIPTION**

Ambulatory Surgery Center (ASC) admissions requiring a hospital transfer or hospital admission upon discharge from the ASC (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

**Evidence Supporting the Measure****EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

**Evidence Supporting Need for the Measure****NEED FOR THE MEASURE**

Unspecified

**State of Use of the Measure****STATE OF USE**

Current routine use

**CURRENT USE**

Internal quality improvement

**Application of Measure in its Current Use****CARE SETTING**

Ambulatory Care

**PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

## **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

## **TARGET POPULATION AGE**

Unspecified

## **TARGET POPULATION GENDER**

Either male or female

## **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

## **INCIDENCE/PREVALENCE**

A recent study on same-day surgical patients demonstrated that of the 20,817 ambulatory surgical patients evaluated, 1,195 (5.7 percent) returned to the hospital within 30 days or were admitted directly after surgery. Of those unanticipated admissions and readmissions, 313 (1.5 percent) were directly related to the original procedure. Pain was the most commonly reported reason for return, occurring in 120 (38 percent) of the admitted patients.

## **EVIDENCE FOR INCIDENCE/PREVALENCE**

Coley KC, Williams BA, DaPos SV, Chen C, Smith RB. Retrospective evaluation of unanticipated admissions and readmissions after same day surgery and associated costs. J Clin Anesth 2002 Aug;14(5):349-53. [PubMed](#)

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

Unspecified

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Safety

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

All Ambulatory Surgery Center (ASC) admissions

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

All Ambulatory Surgery Center (ASC) admissions

#### Exclusions

None

### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

### DENOMINATOR (INDEX) EVENT

Institutionalization

### DENOMINATOR TIME WINDOW

Time window is a single point in time

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Ambulatory Surgery Center (ASC) admissions\* requiring a hospital transfer or hospital admission\*\* upon discharge\*\*\* from the ASC

\**Admission*: Completion of registration upon entry into the facility.

\*\**Hospital Transfer/Admission*: Any transfer/admission from an ASC directly to an acute care hospital including hospital emergency room.

\*\*\**Discharge*: Occurs when the patient leaves the confines of the ASC.

### **Exclusions**

None

### **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

### **NUMERATOR TIME WINDOW**

Encounter or point in time

### **DATA SOURCE**

Administrative data  
Medical record  
Special or unique data

### **LEVEL OF DETERMINATION OF QUALITY**

Not Individual Case

### **OUTCOME TYPE**

Adverse Outcome

### **PRE-EXISTING INSTRUMENT USED**

Unspecified

## **Computation of the Measure**

### **SCORING**

Rate

### **INTERPRETATION OF SCORE**

Better quality is associated with a lower score

### **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

## **STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

After refining these standardized measures, the Ambulatory Surgery Center (ASC) Quality Collaboration (QC) piloted them in a sample of ASCs and was able to confirm their feasibility and usability. On November 15, 2007, five ASC facility-level measures were endorsed by the National Quality Forum (NQF) after having gone through rigorous evaluation and consensus building.

## **EVIDENCE FOR RELIABILITY/VALIDITY TESTING**

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

## **Identifying Information**

## **ORIGINAL TITLE**

Hospital transfer/admission.

## **MEASURE COLLECTION**

[Ambulatory Surgery Center \(ASC\) Quality Measures](#)

## **DEVELOPER**

Ambulatory Surgery Center (ASC) Quality Collaboration

## **FUNDING SOURCE(S)**

Unspecified

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Unspecified

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Unspecified

**ENDORSER**

National Quality Forum

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2008 Apr

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

**MEASURE AVAILABILITY**

The individual measure, "Hospital Transfer/Admission," is published in "ASC Quality Measures: Implementation Guide. Version 1.2." This document is available in Portable Document Format (PDF) from the [Ambulatory Surgery Center Quality Collaboration Web site](#).

**NQMC STATUS**

This NQMC summary was completed by ECRI Institute on September 10, 2008. The information was verified by the measure developer on December 3, 2008.

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